



جامعة صنعاء
كلية الطب والعلوم الصحية
دائرة العلوم السريرية الطبية
دفعة بصمه طبيب 31
طب بشري

OPHTHALMOLOGY



Ocular Emergencies & Trauma

Lecture No. **12**

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written by:

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اللجنة العلمية لدفعة بصمة طبيب 31

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Ocular emergencies

(1)

* الدرسورة كانت تقرأ slides وهذه التعليقات الي ذكرتها في المحاضرة

1- Traumatic

Blowout fractures $\Rightarrow$ fits, tennis ball, baseball

Foreign bodies $\Rightarrow$ in Conjunctiva, Cornea, inside the eye ball

hyphema $\Rightarrow$ mostly from the iris blood vessels

retinopathies $\Rightarrow$ Tear, hemorrhage, retinal detachment

Optic nerve trauma $\Rightarrow$ evaluation of optic nerve

Laceration $\Rightarrow$ Cut by sharp object "eyelid, cornea, sclera"

chemical burns $\Rightarrow$ "acid, alkaline"

* How to deal with this trauma:-

• It's a mucky organ like in road traffic accident the eye may be or mostly not the major trauma or life threatening injury like Head, large vessels, cardiac or intra cranial hemorrhage

So you must learn how to deal with all of them.

1- early management as possible

2- Avoid manipulation of the eye $\Rightarrow$ it will lead to retrobulbar or iritis so deal with it gently to prevent more harm

$\Rightarrow$ "save the eye position and shape"

3- give I.V antibiotic broad spectrum to prevent endophthalmitis and ~~ant tetanus~~ anti-tetanus

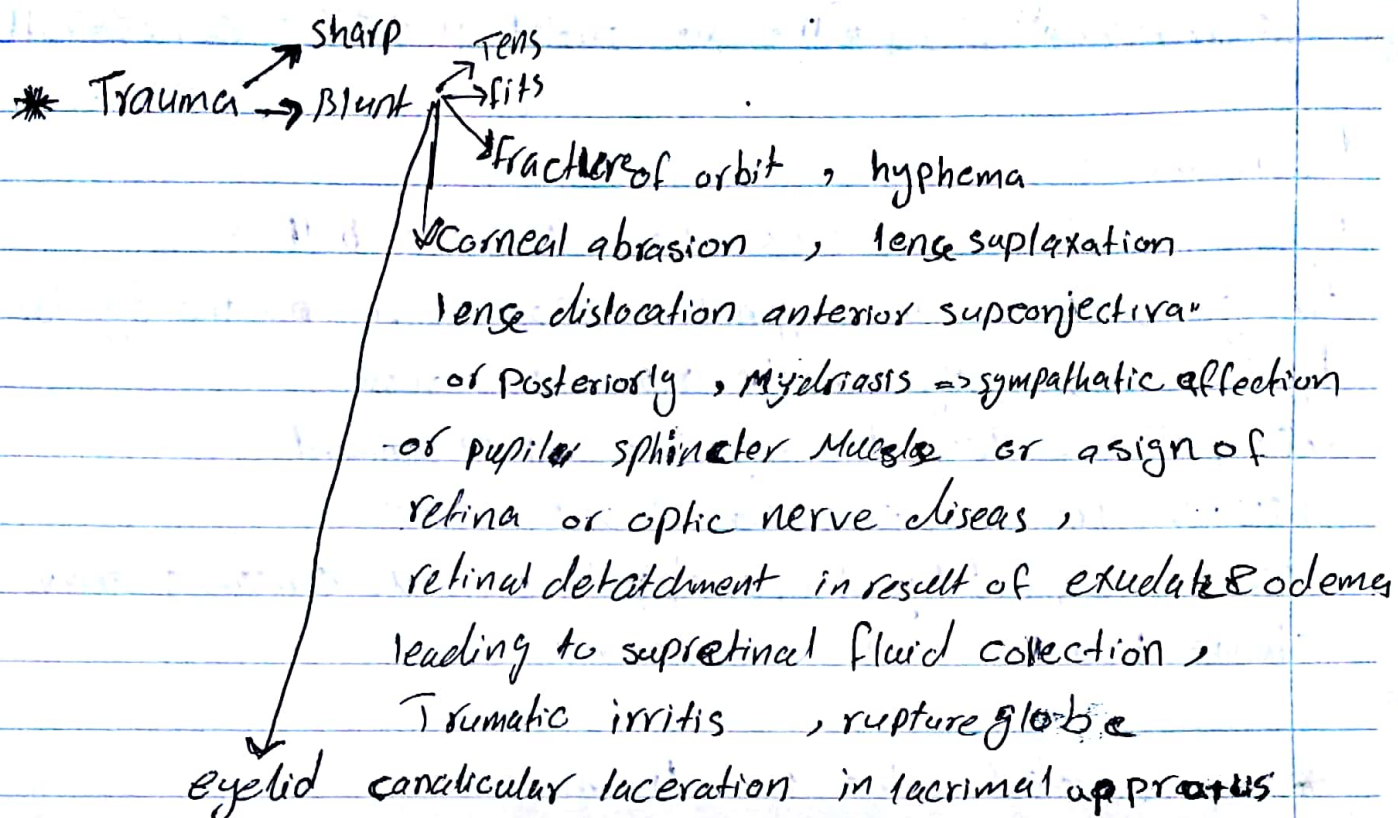
4- Visual acuity and pupillary responses $\Rightarrow$ to protect your self
"retina and optic nerve"

يجب تقييم حاله المريض قبل بدء العلاج لحماية نفسه

CT scan $\Rightarrow$ bone fracture, foreign body in ocular

MRI $\Rightarrow$ soft tissue $\Rightarrow$ hemorrhage

or just x-ray if the ocular foreign body is superficial.



- Corneal foreign body $\Rightarrow$ remove under slit lamp
- Conjunctiva " " $\Rightarrow$ " by cotton-tip moist by saline
- Sclera foreign body $\Rightarrow$ remove by insulin syringe

* Corneal abrasions:-

debris, nails, cut, contact lens

Sign $\Rightarrow$ tearing, red, Painful, irritant eye

if the abrasion in the epithelium only it will heal completely
give the pt Broad spectrum Antibiotic, cover the eye to rest the eye and decrease eye movement by eye pads.

* hyphema collection of the blood is according to the gravity
Hx is very important in diagnosis.

slight pupil reflex - retention of the nerve & blood. V
 Complications $\Rightarrow \uparrow$ IOP $\Rightarrow$ inter the blood between
 the corneal epithelium cell $\Rightarrow$ dilatation intra cellular space
 $\rightarrow$ red staining cornea

Treatment $\Rightarrow$ bed rest in semi ~~sitting~~ ^{sitting} position to prevent
 more bleeding & spread of blood over the pupil & cover it
 by the gravity affection.

If the bleeding is sever do parasthesis and if the tension
 is high do irrigation and aspiration not allot

لن يجب ان نغسل العين لان ذلك سيؤدي الى المزيد من النزيف

* Subconjunctival haemorrhage :

$\Rightarrow$ reabsorption so reassure the pt only and bed rest
 Comparison

* subconjunctival haemorrhage	Fracture of the orbital roof
- bleeding under the conjunctiva	diffuse bleeding
well demarcated	ill defined with out visible Posterior limit.

* in canalicular laceration :

most prefer to leave the silicon tube for 6m to heal
 completely & recanalization if remove before it will heal
 by fibrous tissue & occlusion.

* What ~~happen~~ ^{happen} in orbital floor fracture

Periocular ecchymosis in upper and lower lides, periorbital
 parasthesis, ophthalmoplegia of IR and SO $\Rightarrow$ enophthalmos

Endophthalmitis $\Rightarrow$ pus in the anterior chamber

* chemical burn:-

alkalin more dangerous than acid

alkalin burn $\Rightarrow$ Cause liquefaction and necrosis

acid burn $\Rightarrow$ Cause protein coagulation & form layer to protect the underlying structures

in treatment of chemical burn apply steroid between lids & globe by Cotton tips For upper and lower fornix to prevent symblepharon by stop inflammation and irritation.

* Non traumatic:-

- Severe conjunctivitis
- " Keratitis
- " Uveitis
- acute retinal detachment "not chronic case"
- sudden optic neuritis.
- Central retinal artery occlusion.
- Acute angle closure glaucoma.

* in Congestive angle closure glaucoma you can use B. blocker (Pilocarpine) in the treatment as drops which cause Pupil constriction $\Rightarrow$ widening of the angle

- The Cornea become oedematous & hazy in result of $\uparrow$ IOP

So ~~not~~ ~~use~~ YAG laser except when the cornea is clear

* retinotomies $\Rightarrow$ tear with detachment of the retina

Central RA occlusion $\Rightarrow$ is chemical, central RV occlusion

retrovascular hemorrhage

Torsion of vessels